



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**February 2016**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Glacier Ridge Recovery & Treatment Center	Kalispell	Establish an inpatient chemical dependency treatment facility	Less than \$950,000	Revised 10/6/15	Oct 2015	N	3/10/16					
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15	Nov 2015	N	3/10/16					
Mountain View Care Center, Inc.	Ronan	Change of ownership	N/A	11/27/15	N/A	NR	N/A	N/A	N/A	N/A	N/A	N
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015	N	2/29/16	2/17/16				
<b>Blackfeet Tribal Nursing Home</b>	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	March 2016							

**LEGEND:**

ASC Ambulatory Surgical Center  
 CDU Chemical Dependency Unit  
 CO County  
 CR Comparative Review  
 DEC Decision  
 DISMISS Appeal dismissed  
 FAC Facility  
 HHA Home Health Agency

H Hospital  
 IHS Indian Health Service  
 LOI Letter of Intent  
 LTC Long-Term Care  
 MTH Month of Notice  
 NH Nursing Home  
 NR Non-Reviewable Project  
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision  
 REQ Request  
 SNF Skilled Nursing Facility  
 TBA To Be Announced  
 TBI Traumatic Brain Injury  
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)  
 N Disapproval or No    Y Approval or Yes  
 DATES Month/Day/Year

\* First-year operating cost HHA, (may not be strictly comparable)    Name of facility in **BOLD** indicates a new request for report month